

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214546605			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Virginia Association of Personal Care Providers, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM J SEIDEL 1111 EAST MAIN STREET, 16TH FLOOR RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2014</p> <p>SCC ID NO: 05862693</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1904 BYRD AVE SUITE 100</p> <p style="text-align: center;">CITY/ST/ZIP: RICHMOND, VA 23230</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: OLIVIA CRAWLEY JONES TITLE: PRESIDENT ADDRESS: 3509 BOULEVARD CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: OLIVIA CRAWLEY JONES TITLE: PRESIDENT ADDRESS: 3509 BOULEVARD CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	PEGGY BEASLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1413 TAPPAHANNOCK BLVD		
CITY/ST/ZIP/CO:	SUITE D TAPPAHANNOCK, VA 22560		
NAME:	BILL HURT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 249		
CITY/ST/ZIP/CO:	WARSAW, VA 22572		
NAME:	TROY ILAPIT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3400 AIRLINE BOULEVARD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23701		
NAME:	CHARLIE MACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1904 BYRD AVENUE		
CITY/ST/ZIP/CO:	SUITE 200 RICHMOND, VA 23230		
NAME:	STEVE MIZE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3352 HALIFAX RD		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592		
NAME:	TIM PETRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	816 EAST THIRD STREET		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23901		
NAME:	MICHELLE SEEKFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14022 SPOTSWOOD TRAIL		
CITY/ST/ZIP/CO:	ELKIN, VA 22827		
NAME:	GAIL STATHERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6515 GEORGE WASHINGTON MEMORIAL HWY		
CITY/ST/ZIP/CO:	SUITE 201 YORKTOWN, VA 23692		
NAME:	JOHN A THURMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13001 MAIN STREET		
CITY/ST/ZIP/CO:	STONY CREEK, VA 23882		
NAME:	JOHNNY WILKINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23430 ROCK HAVEN WAY		
CITY/ST/ZIP/CO:	SUITE 220 DULLES, VA 20166		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ OLIVIA CRAWLEY JONES</u>	<u>OLIVIA CRAWLEY JONES,</u>	<u>10/15/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		